

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.01890815

Gross Claim	\$	111,009.25
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Net Claim / Payment Amount	\$	111,009.25
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YTD Amount:	\$	111,009.25
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00001162

Gross Claim	\$	68.22
Net Claim / Payment Amount	\$	68.22
YTD Amount:	\$	68.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00105165

Gross Claim	\$	6,174.21
Net Claim / Payment Amount	\$	6,174.21
YTD Amount:	\$	6,174.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.01178335

Gross Claim	\$	69,179.74
Net Claim / Payment Amount	\$	69,179.74
YTD Amount:	\$	69,179.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00147660

Gross Claim	\$	8,669.08
Net Claim / Payment Amount	\$	8,669.08
YTD Amount:	\$	8,669.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA 95932

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00019050

Gross Claim	\$	1,118.42
Net Claim / Payment Amount	\$	1,118.42
YTD Amount:	\$	1,118.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00955050

Gross Claim	\$	56,070.73
Net Claim / Payment Amount	\$	56,070.73
YTD Amount:	\$	56,070.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00162855

Gross Claim	\$	9,561.17
Net Claim / Payment Amount	\$	9,561.17
YTD Amount:	\$	9,561.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00472362

Gross Claim	\$	27,732.25
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Net Claim / Payment Amount	\$	27,732.25
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YTD Amount:	\$	27,732.25
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.05196738

Gross Claim	\$	305,099.11
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Net Claim / Payment Amount	\$	305,099.11
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YTD Amount:	\$	305,099.11
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00107930

Gross Claim	\$	6,336.54
Net Claim / Payment Amount	\$	6,336.54
YTD Amount:	\$	6,336.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00564860

Gross Claim	\$	33,162.78
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Net Claim / Payment Amount	\$	33,162.78
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YTD Amount:	\$	33,162.78
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00797592

Gross Claim	\$	46,826.41
Net Claim / Payment Amount	\$	46,826.41
YTD Amount:	\$	46,826.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00012218

<u>Gross Claim</u>	\$	717.32
<u>Net Claim / Payment Amount</u>	\$	717.32
YTD Amount:	\$	717.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.02875888

Gross Claim	\$	168,842.62
Net Claim / Payment Amount	\$	168,842.62
YTD Amount:	\$	168,842.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00593970

Gross Claim	\$	34,871.82
Net Claim / Payment Amount	\$	34,871.82
YTD Amount:	\$	34,871.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00353002

Gross Claim	\$	20,724.65
Net Claim / Payment Amount	\$	20,724.65
YTD Amount:	\$	20,724.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00166598

Gross Claim	\$	9,780.92
Net Claim / Payment Amount	\$	9,780.92
YTD Amount:	\$	9,780.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.14426222

Gross Claim	\$	846,959.68
Net Claim / Payment Amount	\$	846,959.68
YTD Amount:	\$	846,959.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00565653

Gross Claim	\$	33,209.34
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Net Claim / Payment Amount	\$	33,209.34
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YTD Amount:	\$	33,209.34
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.01222962

Gross Claim	\$	71,799.77
Net Claim / Payment Amount	\$	71,799.77
YTD Amount:	\$	71,799.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00031425

Gross Claim	\$	1,844.95
Net Claim / Payment Amount	\$	1,844.95
YTD Amount:	\$	1,844.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00153800

Gross Claim	\$	9,029.56
Net Claim / Payment Amount	\$	9,029.56
YTD Amount:	\$	9,029.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.01417910

Gross Claim	\$	83,245.12
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Net Claim / Payment Amount	\$	83,245.12
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YTD Amount:	\$	83,245.12
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00018635

Gross Claim	\$	1,094.06
Net Claim / Payment Amount	\$	1,094.06
YTD Amount:	\$	1,094.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00002712

Gross Claim	\$	159.22
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Net Claim / Payment Amount	\$	159.22
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YTD Amount:	\$	159.22
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.01157190

Gross Claim	\$	67,938.32
Net Claim / Payment Amount	\$	67,938.32
YTD Amount:	\$	67,938.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00857090

Gross Claim	\$	50,319.53
Net Claim / Payment Amount	\$	50,319.53
YTD Amount:	\$	50,319.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00284083

Gross Claim	\$	16,678.44
Net Claim / Payment Amount	\$	16,678.44
YTD Amount:	\$	16,678.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.06935068

Gross Claim	\$	407,156.00
Net Claim / Payment Amount	\$	407,156.00
YTD Amount:	\$	407,156.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00575192

Gross Claim	\$	33,769.37
Net Claim / Payment Amount	\$	33,769.37
YTD Amount:	\$	33,769.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00100925

Gross Claim	\$	5,925.28
Net Claim / Payment Amount	\$	5,925.28
YTD Amount:	\$	5,925.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.04468020

Gross Claim	\$	262,316.27
Net Claim / Payment Amount	\$	262,316.27
YTD Amount:	\$	262,316.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.06185262

Gross Claim	\$	363,135.09
Net Claim / Payment Amount	\$	363,135.09
YTD Amount:	\$	363,135.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00151965

Gross Claim	\$	8,921.82
Net Claim / Payment Amount	\$	8,921.82
YTD Amount:	\$	8,921.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.07571912

Gross Claim	\$	444,544.95
Net Claim / Payment Amount	\$	444,544.95
YTD Amount:	\$	444,544.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.10902765

Gross Claim	\$	640,098.44
Net Claim / Payment Amount	\$	640,098.44
YTD Amount:	\$	640,098.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.08508095

Gross Claim	\$	499,508.00
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Net Claim / Payment Amount	\$	499,508.00
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YTD Amount:	\$	499,508.00
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.03507635

Gross Claim	\$	205,932.32
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Net Claim / Payment Amount	\$	205,932.32
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YTD Amount:	\$	205,932.32
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00709090

Gross Claim	\$	41,630.49
Net Claim / Payment Amount	\$	41,630.49
YTD Amount:	\$	41,630.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.02038723

Gross Claim	\$	119,692.89
Net Claim / Payment Amount	\$	119,692.89
YTD Amount:	\$	119,692.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00419655

Gross Claim	\$	24,637.83
Net Claim / Payment Amount	\$	24,637.83
YTD Amount:	\$	24,637.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.02136060

Gross Claim	\$	125,407.52
Net Claim / Payment Amount	\$	125,407.52
YTD Amount:	\$	125,407.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00277595

Gross Claim	\$	16,297.53
Net Claim / Payment Amount	\$	16,297.53
YTD Amount:	\$	16,297.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00933258

Gross Claim	\$	54,791.33
Net Claim / Payment Amount	\$	54,791.33
YTD Amount:	\$	54,791.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00003935

Gross Claim	\$	231.02
Net Claim / Payment Amount	\$	231.02
YTD Amount:	\$	231.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00283345

Gross Claim	\$	16,635.11
Net Claim / Payment Amount	\$	16,635.11
YTD Amount:	\$	16,635.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00573358

Gross Claim	\$	33,661.70
Net Claim / Payment Amount	\$	33,661.70
YTD Amount:	\$	33,661.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00531005

Gross Claim	\$	31,175.16
Net Claim / Payment Amount	\$	31,175.16
YTD Amount:	\$	31,175.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.02295272

Gross Claim	\$	134,754.81
Net Claim / Payment Amount	\$	134,754.81
YTD Amount:	\$	134,754.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00860765

Gross Claim	\$	50,535.29
Net Claim / Payment Amount	\$	50,535.29
YTD Amount:	\$	50,535.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00265448

<u>Gross Claim</u>	\$	15,584.38
<u>Net Claim / Payment Amount</u>	\$	15,584.38
YTD Amount:	\$	15,584.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00025332

Gross Claim	\$	1,487.24
Net Claim / Payment Amount	\$	1,487.24
YTD Amount:	\$	1,487.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.02495325

Gross Claim	\$	146,499.87
Net Claim / Payment Amount	\$	146,499.87
YTD Amount:	\$	146,499.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50 County/City Ratio: 0.00206130

Gross Claim	\$	12,101.84
Net Claim / Payment Amount	\$	12,101.84
YTD Amount:	\$	12,101.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.01071565

Gross Claim	\$	62,911.30
Net Claim / Payment Amount	\$	62,911.30
YTD Amount:	\$	62,911.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000018A
PAYMENT ISSUE DATE: 9/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Collection-Local Realignment

Section 17604(C) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

Total amount collected: \$5,870,973.50

Gross monthly apportionment: \$5,870,973.50

County/City Ratio: 0.00228368

Gross Claim	\$	13,407.42
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Net Claim / Payment Amount	\$	13,407.42
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YTD Amount:	\$	13,407.42
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